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| | | Application Number | 09/042,460 | | | | | |
|---|---|---|--|--|--|--|--|--|
| TRANSMITTAL FORM | | | Filing Date | March 16, 1998 | | | | |
| | | | First Named Inventor | Gregg B. Morin, et al. | | | | |
| (to be used for all correspondence after initial filing) | | Group Art Unit | 1636 | | | | | |
| | | | Examiner Name | Sumesh Kaushal | | | | |
| Total Number of Pages in This Submission 7 | | | Attorney Docket Numbe | 019/224P | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | |
| Fee Transmittal Fo | ed | (for an A | ent Papers pplication) (s) g-related Papers | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences | | | | |
| After Final Affidavits/d Extension of Time Express Abandonr Information Disclost Certified Copy of P Document(s) Response to Missis Incomplete Applica | eclaration(s) Request (in duplicate) nent Request sure Statement riority ng Parts/ | Petition Petition t Provisior Power of Change of Address Terminal Request | o Convert to a hal Application of Correspondence (1 page) Disclaimer for Refund | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)(in duplicate) Proprietary Information Status Letter Other Enclosure(s) (please identify below): | | | | |
| | SIGNATUR | RE OF APPLIC | ANT, ATTORNEY, OR A | GENT | | | | |
| Firm <i>or</i> Individual name | J. Michael Schiff, Registration No. 40,253 | | | | | | | |
| Signature | | | | | | | | |
| Date | | | | | | | | |
| CERTIFICATE OF HAND DELIVERY | | | | | | | | |
| I hereby certify that this correspondence is being hand delivered to the Commissioner for Patents, Washington, DC 20231 on this date: June 28 2002 | | | | | | | | |
| Typed or printed name Shari Hall White | | | | | | | | |
| Signature | Dhud | Sall (| Mile Date | June 26, 2002 | | | | |



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FEE TRANSMITTAL 09/042,460 Application Number for FY 2002 Filing Date March 16, 1998 First Named Inventor Gregg B. Morin, et al. Patent fees are subject to annual revision **Examiner Name** Sumesh Kaushal Applicant claims small entity status. See 37 CFR 1.27 Group Art Unit 1636 **TOTAL AMOUNT OF PAYMENT** (\$) 215.00 Attorney Docket No. 019/224P METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)

| 1417-1114 | OD OI TAI | мын (спеск ал тат арргу) | | | | | EE CALCULATION (continued) | 9 | |
|---|---|--|---------------------------|--|-------|---|--|----------|--|
| Check Credit card Money Other None | | | 3. / | 3. ADDITIONAL FEES | | | | | |
| Deposit Account: | | | Large Entity Small Entity | | | | | | |
| Deposit Account | | 07/1139 | Fee | | Fee | | Fee Description | Fee Paid | |
| Number Deposit | | | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | | |
| Account Name | | eron Corporation | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | | |
| The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments | | 139 | 130 | 139 | 130 | Non-English specification | | | |
| | | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | i I | | |
| Charge any additional fee(s) during the pendency of this application | | | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to | | |
| Charge fee(s) indicated below, except for the filling fee | | | | | | | Examiner action | | |
| to the aboveidentified deposit account. FEE CALCULATION | | | 113 | 1,840 | 113 | 1,840* | Requesting publication of SIR after Examiner action | | |
| 1. BASIC FI | LING FEE | | 115 | 110 | 215 | 55 | Extension for reply within first month | 55.00 | |
| Large Entity I | Small Entity | | 116 | 400 | 216 | 200 | Extension for reply within second month | | |
| Fee Fee Code (\$) | Fee Fee Code (\$) | Fee Description Fee Paid | 117 | 920 | 217 | 460 | Extension for reply within third month | | |
| 101 740 | 201 370 | Utility filing fee | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | | |
| 106 330 | 206 165 | Design filing fee | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month | | |
| 107 510 | 207 255 | Plant filing fee | 119 | 320 | 219 | 160 | Notice of Appeal | 160.00 | |
| 108 740 | 208 370 | Reissue filing fee | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | | |
| 114 160 | 214 80 | Provisional filing fee | 121 | 280 | 221 | 140 | Request for oral hearing | | |
| • | | HPTOTAL (4) (th) | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | | |
| | | UBTOTAL (1) (\$) | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | | |
| 2. EXTRA C | LAIM FEES | FOR UTILITY AND REISSUE | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | | |
| i | | Ext <u>ra Claims below</u> Fee Paic | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | | |
| Total Claims Independent | -20** | = x= | 143 | 460 | 243 | 230 | Design issue fee | | |
| Claims | - 3** | = X = | 144 | 620 | 244 | 310 | Plant issue fee | | |
| Multiple Depend | ient | = | 122 | 130 | 122 | 130 | Petitions to the Commissioner | | |
| | | | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | | |
| Large Entity Fee Fee | Small Entity Fee Fee | Fee Description | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | | |
| Code (\$) 103 18 | Code (\$) 203 9 | Claims in excess of 20 | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | | |
| 102 84 | 202 42 | Independent claims in excess of 3 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | |
| 104 280 | 204 140 | Multiple dependent claim, if not paid | 149 | 740 | 249 | 370 | For each additional invention to be | | |
| 109 84 | 209 42 | ** Reissue independent claims over original patent | | | | | examined (37 CFR § 1.129(b)) | | |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | | |
| | | and over original patent | 169 | 900 | 169 | 900 | Request for expedited examination | ļ | |
| SUBTOTAL (2) (\$) | | | Other | Other fee (specify) | | | | | |
| **or number | **Or number previously paid if greater For Reissues see above | | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 215.00 | | | | | |
| **or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid *SUBTOTAL (3) (\$\) 215.00 | | | | | | | | | |

| SUBMITTED BY | Complete (if | Complete (if applicable) | | | |
|-------------------|-------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | J. Michael Schiff | Registration No. (Attorney/Agent) | 40,253 | Telephone | (650) 473-7715 |
| Signature | boldil | | | Date | In 27/62 |

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